

**Amendments to the Specification:**

Please add the following new paragraph after the title at page 1, line 2:

**-- Related Application**

This application is a divisional of application Serial No.09/364,520, filed July 30, 1999. --

Please replace the paragraph beginning at page 9, line 3, with the following rewritten paragraph:

-- FIG. 3B shows an embodiment wherein the projecting fingers 50 are slidably received within auxiliary lumens 54, which are much smaller than and run parallel to main lumen 38. For frame of reference, auxiliary lumens may measure on the order of 0.012 inch inside diameter while main lumen 38 may measure on the order of 0.068 inch inside diameter. The outside diameter of catheters discussed in connection with this invention may be on the order of 0.105 inch. Distal ends 56 of projecting fingers are precurved and arranged within the lumens to project radially outward away from the catheter when not confined by the lumens 54 and reach their unstressed condition. During advancement of the catheter 10 to the intended treatment site, projecting fingers 50 are maintained retracted, pulled back proximally within the lumens 54 to restrain distal portions 56 in a straight configuration and maintain them within the lumens. Upon reaching the intended tissue location, the projecting fingers 50 may be advanced distally so that the distal portions 56 of the fingers are extended through distal ports 58 and become free to return to their natural curved orientation as is shown in FIGS. 3A and the end view of the catheter shown in FIG. 3B. Preferably, sufficient distal forces applied to the catheter to cause distal tip 28 to indent a tissue surface 42 so that it herniates around the side surfaces 13 of the catheter providing sufficient tissue depth into which the fingers may project and take hold to restrain the catheter in position during the planned medical procedure. Distal tip 60 of the projecting fingers preferably have a sharpened point suitable for easily penetrating tissue. Longitudinal movement of fingers 50 through the auxiliary lumens 54 is controlled by a control mechanism, which

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simply comprises a shaft extending from the fingers 50 to the proximal end of the catheter where it may be grasped and manipulated by the physician. The control mechanism need not be a separate component from the finger component but may comprise the proximal portion of a continuous shaft that terminates in the radial finger 50 at its distal end.--